



# NON-HAZARDOUS MANIFEST

<b>NON-HAZARDOUS MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of	
3. Generator's Mailing Address: <b>USEPA/Wellsville Drum Site</b> <b>9311 GROH RD</b> <b>GROSSE ILE, MI 48138</b>				Generator's Site Address (if different than mailing): <b>USEPA/Wellsville Drum Site</b> <div style="background-color: black; color: black;">Non Responsive</div>		A. Manifest Number <b>WMNA</b>	
4. Generator's Phone <b>(734) 740-9016</b>				B. State Generator's ID			
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID			
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone			
9. Designated Facility Name and Site Address American Landfill 7916 Chapel St Waynesburg, OH 44688		10. US EPA ID Number		E. State Transporter's ID			
				F. Transporter's Phone			
				G. State Facility ID			
				H. State Facility Phone <b>330-400-5769</b>			
11. Description of Waste Materials		12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
		No. Type				I. Misc. Comments	
a. Oil contaminated Soil and Debris		01 CM		20		yd <sup>3</sup>	
WM Profile # 502234OH							
b.							
WM Profile #							
c.							
WM Profile #							
d.							
WM Profile #							
J. Additional Descriptions for Materials Listed Above		K. Disposal Location					
BILL TO:		Cell				Level	
		Grid					
15. Special Handling Instructions and Additional Information							
Purchase Order # 021774				EMERGENCY CONTACT / PHONE NO.: <b>Tricia Edwards (734) 740-9016</b>			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name <b>Tricia A. Edwards</b>				Signature "On behalf of" <i>Tricia A. Edwards</i>		Month Day Year 7 26 17	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed Name				Signature		Month Day Year 7 26 17	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed Name				Signature		Month Day Year 7 26 17	
19. Certificate of Final Treatment/Disposal							
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.							
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.							
Printed Name				Signature		Month Day Year 7 26 17	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY  
 Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY  
 Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY